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**GOLD AFFUSION IN HOOPING-COUGH.**

[THE following is an abstract of Dr. Hannay's paper, on the washing of the chest with cold water in pertussis, read at the late meeting of the British Association.]

To this enlightened audience it is quite unnecessary to delineate the phenomena of the disease, or describe the various theories entertained respecting its nature. One practical fact I would bring strongly before the section, that is, the susceptibility to the impression of cold on the economy, as shown in the frequent supervention of bronchitis, pleurisy and peripneumonia, and other diseases, of which cold is the most frequent and certain exciting cause. Now, for this high sensibility to the impression of cold, no remedial measure is so likely to prove efficacious as cold washing of the chest. The efficacy of cold washing in bronchitis, of a chronic character, has been long acknowledged: and whatever may be the other pathological states (and others than mere bronchitis there must be) existing in pertussis, this one is necessarily present, therefore cold washing *must* prove serviceable. As an invigorating or tonic power, its virtues, too, were useful in pertussis, particularly in the advance of the disease, when various forms, degrees, and extents of gastro-intestinal irritation exerted and produced impaired power of the digestive organs.

The efficacy of cold ablution in many spasmodic diseases, and amongst which there were reasons for placing pertussis, led to the belief that it proved beneficial as an antispasmodic in the cure of this disease; and the author of the memoir averred that he had derived from cold washing, on this principle, much benefit in laryngismus stridulus, decidedly a spasmodic affection. It also, when done as he directs, proves powerfully rubefacient—a class of agents which, *time out of mind*, have been popular in the treatment of pertussis. But it surpasses the ordinary rubefacients in fulfilling other and important indications, which none of the ordinary remedies of this class effect. It is antiphlogistic, and proves also invigorating, restoring digestion, and by its antispasmodic powers allaying the spasmodic cough. After relating some cases to show its power, the author described his mode of washing, and *untreated* particular attention to his method, as the only way of securing his results.

It should be done in a warm apartment. The coldest water, to which a little vinegar, alcohol, or *eau de Cologne*, should be added, is to be used, enveloping the hand in a towel. It is to be dipped into the epitheum, and the washing speedily, very speedily, performed over the whole

chest, which is to be dried with a towel, previously warmed, so that a red glow or reaction may be produced. This is to be repeated twice at least, nay, three or four times each day.

In this way the author states he has cured many cases in a few days; and in all has much shortened the duration of the disease. He is not deterred from using it *in the way he describes*, even by the existence of febrile bronchitis; and, though not very decided on this point, would not hesitate to employ it, even in cases complicated with peripneumonia. He has used it at all seasons, and in all cases; and not only with perfect impunity, but with advantage. Such is a brief outline of the author's views, which he pledged himself to publish and illustrate with cases. One or two, of a striking character, of these cases were laid before the section. One vast superiority of the remedy appeared to the author to be the possibility of getting it applied; whereas, remedies cannot easily be forced on children ill of pertussis.—*Lancet.*

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#### NOTED.— THE PROGRESS OF EPIDEMICS.—EPIDEMIC OF SMALLPOX.

FROM MR. FARR'S LETTER TO THE REGISTRAR-GENERAL.

MANY of the causes of death act with equal force from year to year; others, as has just been seen, regulated by the seasons, increase or decrease with the temperature. The diseases of the epidemic class follow laws of their own; they remain nearly stationary during months, years, and, as we learn from medical history, centuries; then suddenly rise, like a mist from the earth, and shed desolation on nations—to disappear as rapidly or insensibly as they came. The pestilences of ancient history, the plagues of England, cholera, influenza, smallpox and typhus, are examples of this peculiar tribe of diseases. Epidemics have furnished much matter for discussion, and still offer large scope for inquiry. They have been attributed to terrestrial emanations, to the influence of the stars, to mysterious changes in the atmosphere, to heat, to animalcules, to deteriorated food, to contagion; and acting upon the latter doctrine, it has been assumed that the prohibition of direct intercourse with districts in which they prevailed would protect the inhabitants of a country from invasion.

The registration has already yielded facts which are likely to throw light upon the propagation of epidemics. The smallpox epidemic may be investigated now; and the other epidemic diseases, which appear to follow similar laws, may be investigated in future Reports.

The deaths from smallpox in 324 divisions of the kingdom are exhibited separately in each of the 10 quarters, from July 1st, 1837, to December 31st, 1839; a period comprising two winters, two springs, three summers, and three autumns.

The march of the epidemic through the kingdom will illustrate the nature of this class of diseases, and will also show how little they are disturbed in their course by the changing seasons.

The grand epidemic was composed of a succession of smaller epidemics; and, whether the commencement or the acme be considered, it is evident

that the disease was not regulated by any cause, such as temperature; for at the time that it was beginning in one district, it was at its height or was declining in another, placed in apparently the same general circumstances.

The epidemic destroyed more than 30,819 persons.

The annual rate of mortality from smallpox was 0.8 in 1000. In the metropolis, 1.1; in Monmouthshire and Wales, 1.2 in 1000.

Smallpox is admitted on all hands to be contagious. It is communicated by inoculation, or by the inhalation of the vapor given off by a smallpox patient. The minutest particle of matter introduced into the blood acts like a ferment on the organization, reproduces all the characteristic phenomena of the disease, and leaves the survivor secure from any subsequent invasion. Will the simple principle of contagion then explain the rapid propagation of the epidemic? Not exclusively; for the disease is always contagious, and a certain number of deaths are caused by it in all seasons, and in every county of England. The facilities of intercourse, and the frequency of contact with the sick are not greater when the disease is increasing, or is at its height, than when it is stationary or declining. The fact that 2513 died in the first period, 3289 in the second period, and 4242 in the third period, must therefore be accounted for either by assuming that the disease had its origin in some spreading physical cause; that the contagious principle grew more virulent, and was conducted with greater facility by the atmosphere; that the susceptibility of the population increased; or, finally, that the tendency of the organization to fall into this peculiar pathological state augmented spontaneously. Five die weekly of smallpox in the metropolis when the disease is not epidemic; and it will be recollect that the question is not to account for this rate of mortality, or for the five weekly deaths which may occur as other deaths occur, or be kept up by the uniform transmission of the disease from family to family. The problem for solution is—Why do the five deaths become 10, 15, 20, 31, 58, 88 weekly, and then progressively fall through the same measured steps?

This difficulty has presented itself in the history of plague and of contagious diseases of every description; but it has generally been disposed of summarily, by the hypothesis that the disease is always introduced from without, and spreads naturally, like a conflagration. When the plague broke out, that is, became epidemic, in Cairo, the Egyptians asserted that it came from Ethiopia; when it decimated Constantinople, it was ascribed to merchandise or vessels from Egypt. Upon precisely the same grounds, it may be contended that Manchester derived the smallpox from Liverpool. The intercourse between Liverpool and Manchester is perhaps more intimate than between any two towns in Europe. The epidemic broke out early in 1837, at Liverpool, and it appeared in Manchester later in the year; was it not then communicated by the population of Liverpool to the population of Manchester? It may have been so communicated. Epidemics are unquestionably transmitted from one place and people to another; but who will pretend to assert that, if all intercourse had been cut off between Manchester and Liverpool, quarantine had been established, and a *cordón sanitario* had been drawn, such as was enforced in Prussia when cholera prevailed, that Manchester, with all

the materials of disease in its streets, would never have suffered from an epidemic of smallpox. Isolated cases of smallpox existed all the while in Manchester; the seeds of an epidemic were there; and would not the causes which generated the epidemic in Liverpool have led to the same result in Manchester? At any rate, the evolution of the epidemic in Liverpool could not be traced to external contagion; and the problem remains for solution—Why did the deaths from smallpox rise so rapidly, that at last 418 individuals perished in three months, while the ordinary mortality in Liverpool and West Derby, from smallpox, is 27 in three months.

Epidemics appear to be generated at intervals in unhealthy places, spread, go through a regular course, and decline; but of the cause of their evolutions no more is known than of the periodical paroxysms of ague. The body, in its diseases as well as its functions, observes a principle of periodicity; its elements pass through prescribed cycles of changes, and the diseases of nations are subject to similar variations.

If the latent cause of epidemics cannot be discovered, the mode in which it operates may be investigated. The laws of its action may be determined by observation, as well as the circumstances in which epidemics arise, or by which they may be controlled.

Amidst the apparent irregularities of the epidemic of smallpox, and its eruptions all over the kingdom, it was governed in its progress by certain general laws. The deaths in the early stage of the epidemic were not registered. To avoid circumlocution, it will be convenient to call the ten quarters in which the deaths were registered the ten periods, the first quarter the first period, the second the second period, &c. &c. The mortality increased up to the fourth registered period; the deaths in the first were 2513, in the second 3289, in the third 4242; and it will be perceived at a glance that these numbers increased very nearly at the rate of 30 per cent. For, multiply 2513 by 1.30, and it will become 3267; multiply 3267 by 1.30, and it will become 4248. The rate of increase is retarded at the end of the third period, and only rises 6 per cent. in the next, where it remains stationary, like a projectile at the summit of the curve which it is destined to describe.

The decline of the epidemic was less rapid than its rise, and the mortality was somewhat greater in the autumns of 1838 and 1839 than in the summers. But by taking the mean of the deaths in the third and fourth periods, the mean of the deaths in the fourth and fifth periods, &c. &c., a regular series of numbers is produced.

DEATHS observed in the decline of the Epidemic.

<sup>1</sup> 4365	<sup>2</sup> 4087	<sup>3</sup> 3767	<sup>4</sup> 3416	<sup>5</sup> 2743	<sup>6</sup> 2019	<sup>7</sup> 1631
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DEATHS in a regular series.

<sup>1</sup> 4364	<sup>2</sup> 4147	<sup>3</sup> 3767	<sup>4</sup> 3272	<sup>5</sup> 2716	<sup>6</sup> 2156	<sup>7</sup> 1635
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The 4,365 may be considered to represent the deaths that happened between the middle of February and the middle of May. The regular

series of numbers has been calculated upon the hypothesis that the fall of the mortality took place at a uniformly accelerated rate.

The calculated numbers are sometimes a little too high, and sometimes too low; but, on the whole, the agreement is remarkable. The second number (4147) is nearly 5 per cent lower than the first; and the decrease is successively 5, 10, 15, 20, 26, and 32 per cent. The rates of decrease are 1.052, 1.101, 1.152, 1.205, 1.260, 1.318. The division of 4364 by 1.052 reduces it to 4147; the division of 4147 by 1.101 produces 3767, &c. The mortality decreased at accelerated rates; and the rate of acceleration was 1.046, which by successive multiplications will reproduce all the rates, 1.052, 1.101, &c. &c. The rate 1.046 may be called the constant.

The mortality from smallpox was greater in the metropolis than in all the other parts of England; and the rate of increase in the second, third and fourth periods was 1.50, the deaths having been 506, 753, and 1145. The rate of increase in the first and second periods was 1.97, the deaths were 257 and 560.

The rates vary with the density of the population, the numbers susceptible of attack, the mortality, and accidental circumstances; so that to obtain the mean rates applicable to the whole population, or to any portion of the population, several epidemics should be investigated. It appears probable, however, that the smallpox increases at an accelerated and then a retarded rate; that it declines first at a slightly accelerated, then at a rapidly accelerated, and lastly at a retarded rate, until the disease attains the minimum intensity, and remains stationary.

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#### ANTHELMINTICS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR.—In your Medical and Surgical Journal of the 13th ult., there is an article under the editorial head, which represents the most of the anthelmintics in use inactive and inert, or uncertain, and expresses a wish for information, based upon personal experience. Having been longer in this best of schools than most of your readers, and considering an answer to this call promoting public good, I feel disposed to communicate the result of my observations on worms and anthelmintics, and flatter myself to induce others to follow my example.

Though it is true that many inert articles are classed among anthelmintics, yet the failure of one in a particular case in our practice, does not always prove its general inertness. The cause of our disappointment can be often traced to the ambiguity of the worm symptoms, the difficulty of discovering, in many cases, the kind of these creatures, their age, the reciprocal influence of worms and other diseases upon one another in complicated cases, and many other circumstances, defeating at times all our endeavors.

There are worms living in the cellular texture under the human skin, as the *gordius medinensis* and *chegoe*; in ulcers and many sores, not kept clean, as some species of the *acarus siro*; but those which are found in

our climate in the stomach and intestines we meet more frequently : the *lumbricus intestinalis*, the *ascaris vermicularis*, and two species of the *taenia*.

Worms and their eggs, with which some children are born ; swallowing in the food and drink worms and their eggs, and a relaxed and slimy stomach and intestines and vapid gall, the effects of intemperance, indolence and want of cleanliness, constitute the *antecedent* causes of worm diseases ; indigestible food, stimulating liquors, acrid metastases thrown upon the digestive organs in complicated cases, the *occasional* ; and the existence of worms and their eggs, and great mucousness of the alimentary canal in the advanced stages, form the *proximate* cause.

As there is a great difference in worm diseases at different periods, it will be useful in practice to distinguish them by considering the early, simple stage as the first, the advanced stage as the second, and the complicated as the third. Under the first we comprehend cases of a singular mildness, not giving much trouble to the patient, who enjoys apparent good health, but has some worm symptoms, discharges a few worms occasionally, and is sooner freed from them by anthelmintics, than those who labor under the second stage, who have more worms and of an older date, which often grievously afflict them in various ways, and prove dangerous tenants, particularly in the third stage, when other supervening diseases irritate and threaten to dislodge and destroy them.

The surest *symptom* of worms residing in the patient's body is their appearance through his mouth, anus, or integuments, other symptoms being produced at times by other causes. Their ambiguity, however, will be much lessened, if instead of depending upon a single one, we view them together, compare them with one another, and with those of other diseases, and examine the evacuations of the sick more frequently and thoroughly, particularly after administering a good resolvent anthelmintic cathartic. Among the worm symptoms the following may be enumerated :—Enlarged pupils and a blueish tint of the white of the eyes in the day, and a partial opening of the eyelids when one is asleep in the night ; itching of the nose or anus, the latter denoting ascarides ; a little dry cough ; grinding of the teeth when sleeping and slavering in the night ; fetid breath and nausea, and at times puking in the morning ; a pale face and lips ; the appetite now voracious, then poor ; the body now costive, then relaxed ; now wandering pains, then fixed ones ; enlarged abdomen ; milky urine ; troublesome dreams. In the advanced and complicated stages, the above symptoms become gradually more frequent, violent and threatening ; a small, hard pulse at times and anomalous fever, frequent hiccups ; violent colics, with obstinate constipation, intussusception, morbus ileus ; insanity ; fainting, convulsive and epileptic fits ; chorea S. Viti ; coma ; apoplexy ; paralysis of the optic nerve, and the organs of speech and those of the emaciated extremities ; ulceration and perforation of the intestines ; and many mysterious nervous affections.

The *prognosis* of cases under the symptoms of the first stage is not unfavorable, provided the patient have sufficient and wholesome food, follow advice, and be willing to take medicine. But the case is very different in the second and third stage, when you have often to fight for

a long time not only a multitude of old powerful worms, the undisturbed inhabitants of the abdomen for years, and which are snugly lodged within and behind a great, thick and tough mass of slime, but a complication of diseases, important contra-indications, the ignorant, the avaricious and the misunderstood parental love, and not seldom the interference of busy-bodies and selfish competitors. It is almost impossible that there can be in this world a situation as trying to the soul of man, and requiring as much patience, resolution and conscientious perseverance, as the attendance on old and complicated worm cases.

The materials of which the extensive and comfortable home of worms is built, consist of slime, abundantly excreted from glands; they constantly irritate, being mixed up with particles of undigested food, their own excrements, and various salts and oils. This slimy mass accumulates from year to year, not only in immense quantity, but becomes gradually consolidated by the peristaltic motion, and formed, particularly in the large intestines, into a membranous tube, very much like an intestine with its plaits, which after a long use of resolvents and cathartics is often discharged of the length of many yards, and in pieces not unlike the mother of vinegar, and which are taken by timorous patients to be their intestines. As worms cannot be discovered in every discharge of slime with the naked eye, some are of opinion that there are none in the case, and that acrid, gelatinous matter may produce the same symptoms in the human system. But this inference must appear rather precipitate to any one who has witnessed the experiments with the solar microscope, or has seen the many white fibres, found in the stools of epileptics, change into a living species of acarus, soon after being placed in warm milk, or knows the fact, that not only small worms, but even *lumbrici* at times, live between the membranes, or outside of an intestine, communicating with its inside by an opening, made and kept open by them.

*The treatment* must be begun early in the first stage, or worms of every kind will be more mischievous from year to year. Their numbers, under circumstances favorable to them, will increase rapidly, frequently obstruct the intestines, consume the chyle, and nutrient allotted to every organ, fill the alimentary canal with their putrid excrements, irritate, and gnaw and perforate the intestines, when they lack food, or are alarmed by anything offensive to them, and cause a great variety of idiopathic and sympathetic affections. But if we wish our efforts to become crowned with success, the patient must fulfil his duty towards himself and physician, and in every stage shun, as much as possible, the causes which introduce and develop worms in his body, and not only during our attendance on him, be it short or long, but subsequently to his recovery, if he desire to escape the mortification of having other unwelcome guests take possession of the old haunts. It also behoves him to follow implicitly every proper advice we give, and be faithful in taking the medicines prescribed, be they ever so offensive to his taste. But as there are many among children and adults, whose aversion to anthelmintics is so great, that they either obstinately refuse them, or puke them up again immediately, it becomes necessary to overcome so serious a difficulty. The anthelmintic against the *lumbrici*, which I prefer to all others, and give in a strong decoction, if

taken by itself, and sweetened, children readily drink when sleepy, their sense of tasting at that time being more torpid, or it may be made so by holding some good sharp vinegar in the mouth for a minute or two. Adults, too, after benumbing the nerves of their tongue with vinegar or tobacco, become more tractable. The emetic I propose, after moistening it with three or four drops of water, that it may not swim on the top of the mixture, if mixed with a sufficient quantity of good sweetened coffee or lemonade, cannot be tasted at all, and the bad taste of the powders may be in some measure prevented by giving them in the form of an electuary, or in pills.

It happens, seldom in the first, but oftener in the other stages, that owing to the mischievous influence of the worms, or to the constitution and habits of the patient, or the season of the year, or other causes, a small, hard and quick pulse, great pains, and other symptoms, indicating an inflammatory diathesis, require the lancet, sometimes repeatedly, to be followed up by emetics, before anthelmintics are given. The pathological rule, all important in the treatment of complicated diseases, to pay the greatest attention to the strongest and threatening prevailing cause, and to soothe the less urgent one, must induce us, then, not to alarm the worms by anything offensive to them, but to allure them to descend into the colon and rectum, where we feed them well and repeatedly through the day and night, by injecting plenty of good new milk with a syringe, and placing the patient on his knees and elbows, with a view to push the milk up, and over the large intestines. But if, after all, these vermine should be irritated by the changes the ruling disease produces in the digestive organs, and cause dangerous spasms and convulsions, strong anthelmintics, combined with brisk cathartics, must be administered, good warm beef gall rubbed into the epigastric and umbilical regions, and the injections of milk frequently used.

The particular treatment of worm diseases is the following:—If there be sufficient evidence to believe, or to suspect, that the patient is troubled in the first stage by the *Lumbricus intestinalis*, a worm most frequently found in the stomach, and all over the intestines, in children and adults, and at times in immense numbers, we have first of all to attend to the state of the patient's stomach. If he have a bad taste in the mouth in the morning, a pressing pain in the head over the eyes, or in the stomach after eating, a variable appetite, or nausea and sickness, it is best, in my opinion, to begin with an emetic. I prefer the following:

No. 1. Powder of tartar emetic, gamboge pulverized, of each six grains, to be moistened with three or four drops of water, then mixed gradually with six table-spoonsful of water, tea or coffee, or lemonade, and two table-spoonsful to be given to an adult every half hour, until it operates three or four times. Of the same an infant may take one tea-spoonful every half hour, and children according to their ages, or the nature of the disease, from one table-spoonful to three, and more. In the complication with the suffocating catarrh, little children often require the whole emetic, and at times more. This emetic is perfectly safe, provided it be given gradually, and the patient be warm all over before taking it, and keep warm and in bed for three or four hours, until he ceases

to be moist ; and even then not to be exposed to bad or unfriendly weather. It happens, that symptoms often indicate a frequent repetition, but the limits of the Journal will not allow me to be more particular. At bed-time of the same day, I give the following anthelmintic alone, or the same in the morning, when I add the cathartic to it :—

No. 2. An ounce of the sound root of *spigelia anthelmia*, or *Marilandica*, is to be boiled with one quart and one half of a pint of soft water, down to half a pint. The decoction must be strong, and guessing at it endangers its great value. To hinder this, pour upon the root one half of a pint of soft water, hold a small stick perpendicularly in the middle of the water and root, mark on the stick the height of the contents of the pot, add the quart of water, and as soon as the boiled-down liquor is not higher than the mark on the stick, one half of a pint is left ; strain it hard through a cloth, and give it to an adult, with the cathartic, first moistened, then mixed, at once.

No. 3. The cathartic powder consists of forty grains of rhubarb, and thirty of the pulverized root of *jalap*. If the decoction be taken at bed-time, the cathartic must be taken in the morning. Infants bear one fourth, children from one half to the whole of the composition. I have found it necessary to give, at times, to children of two years old, the whole of the decoction and cathartic within one hour, with perfect safety and the best success. As it happens, that owing to slime or much other filthy matter in the large intestines, some worms, killed by this anthelmintic, remain behind, or some are alive, it is necessary to repeat giving the composition, particularly when many come away. In some cases five or six such doses must be given within ten or twelve days.

No. 4. Take one ounce of manna, half an ounce of powdered senna-leaves, two drachms of powdered anis-seed, pour over these half a pint of the boiling decoction of No. 2, let it boil for a few minutes, strain it, and give the whole to an adult, and to children one half.

This No. 4 may be substituted for a change occasionally ; it is less offensive to the taste, and answers a good purpose, combined, as it is, with the decoction of the *spigelia*. This excellent anthelmintic belongs to the *Pentendria monogynia*, Lin. ; its root is perennial, its stalk annual. It grows in S. Carolina, where I first saw it and became acquainted with its extraordinary virtues. It is not only a vermisuge, but one of the very best resolvents ; somewhat anodyne, and not stimulant. It has the name of Carolina pink ; its leaves and stalks seem to be inert. A strong decoction always appeared to me preferable to the powder, which some use ; it is a very superior preparation.

Those that have entered the second or third stage require double and triple the quantity of Nos. 2, 3 and 4 ; they must be given more frequently, and for a longer time. The epileptic, insane, paralytic, &c. must use such and other medicines, still more powerful. In worm-colics, with obstinate constipation, double the quantity of No. 4, with an ounce of sulphur potasse, added to it, will frequently, if given within two or three hours, remove the painful disease quickly ; but if this has no effect, or is not retained, owing to a *hernia incarcerata*, *introsusception*, or *morbus ileus*, &c., recourse must be had, without loss of time, to the most excellent of

all remedies ever used by man in such desperate cases, whether caused by the multitude of worms, slime, bile, air, or hard, stone-like excrements, or other bodies, obstructing the alimentary canal, viz., the faithful application of tobacco-smoke. But we cannot depend upon its all-powerful and penetrating effect, if we do not employ a proper machine, like that famous one, used by the Humane Society of London, or a similar one, enabling the physician to throw the smoke with great force into the body, and to repeat it again and again, until the distress of the poor patient is relieved. If a relapse should happen, as it will occasionally, the operation must be repeated again and again, and the sick body filled, until he tastes the smoke in his mouth. Without such energetic proceedings many lives are lost; with them, numbers may be saved. I know by experience, that relapses can be hindered in a great measure, and health sooner re-established, if the medicine No. 4 be given for some weeks every day or two.

*Tenia*.—Of this genus there are many species; but two of them are found often in the human intestines, *T. lata* and *T. solium*. Though both kinds are small worms, the first flat and of the size of a gourd seed, the latter round and a little longer, and come away single with the excrements, they appear at other times, arrayed to one another in one or more strings, many yards long. The solium is harder to expel than the lata; but both are dangerous, and cause as bad, if not, worse symptoms, than old *lumbrixi*. It is a fact, that they are found occasionally in great numbers in fetuses. There are a great variety of medicines recommended, but I had great reason to prefer the remedy given by Dr. Charles Alston, of Edinburgh, and have not been disappointed. The patient has to take a cathartic, something like No. 4; the next three days daily one ounce of the purest scraped English tin, and the fourth day another mild cathartic. Each ounce may be mixed with four ounces of molasses. These medicines must be repeated, if symptoms continue to prove the worms still in the body, or some single ones come away by stool. In that case good practitioners use also more active cathartics. Other respectable practical men direct their patient to eat a hearty meal of milk for supper, and to take, the following morning, at once, a powder of (No. 5) one drachm of powdered jalap, ten grains of sulphate of potash, and as much of gamboge and calomel. This dose is for an adult, and must be repeated, if necessary. I know the case of an infant but nine months old, who was fed with milk the evening before, and the next morning with a powder, consisting of thirty grains of jalap, and three grains of each of the other three articles, and was perfectly freed from his tape-worm. This is certainly a more convenient prescription for infants and small children.

*Ascaris vermicularis*.—Its length is about four lines; it lives chiefly in the intestinum rectum, and is destroyed by repeated injections of flax seed or olive oil, and by some cathartic afterwards expelled.

A species of *acarus siro* ascends at times higher up, and I have seen immense numbers of them evacuated, when active resolvents and cathartics were administered for other purposes. They are seen, too, in foul ulcers, the itch, and the sores of the heads of people not very cleanly. The red oxyde of mercury two drachms, with an ounce of lard mixed up

and gradually rubbed in, will kill them after the hair is shaved off, and heal the sores, but at times this cannot be done until the hairs are pulled out with the roots by the forceps, or strips of adhesive plaster.

The *trichuris*, of an inch long and smaller, and of the thickness of a hair, is found in the intestino-caeco, but I have seen it of a black color in a well at the foot of Mount Tom, and observed children in the neighborhood puking them up; also in the urine of some old people, and causing now and then some pain in the parts. The spigelia decoction, with diuretics and cathartics, will destroy and expel them.

The *gordius medinensis*, though originally a native of Africa, is found occasionally among the colored people of the southern States, two or more yards long, creeps, like the little red chegoe of the West Indies, under the skin of those not over cleanly, causes painful swellings and ulcers, and after a while protrudes its head. Then it must be carefully and gently extracted little by little, by winding it daily around a piece of lint, because if torn, inflammations and ulcers are caused in the cellulosa and the interstices of muscles, and in the internal parts of the body. This operation lasts three or four weeks, and longer, and, what is worse, one person has occasionally four or five such creatures in him. I have seen and attended a negro but once with one of these worms, in Charleston, South Carolina, but he refused medicine.

Though I have now fulfilled my promise, to communicate the result of my observations without reserve, and as concisely as the subject would permit, I should think myself remiss in my duty, without adding a few observations. The great sufferings of so many, and their premature deaths, caused by worms, naturally elicit the desire in many to discover a universal remedy, to prevent these calamities. I am well persuaded that such a panacea, and of so wonderful a power, exists; that it can never fail, never cease, to prove a sovereign antidote, not only against worms of every kind, but against a thousand ills man seems to be heir to. But the patient only will be benefited by it, who perfectly understands its extensive value, its composition, the character of its inventor, and timely, thoroughly and habitually makes use of it. It is the obedience to the moral law, enacted by Divine wisdom and goodness, and perfectly adapted to the health and happiness of man, and to his physical and spiritual nature, which constitutes this panacea. It inculcates temperance in all things, the steady cultivation and exercise of our physical and mental powers through life, and bodily and mental purity; and experience teaches abundantly that its violation prepares the human body to become a fit haunt for a variety of vermine, and the human mind a proper abode of folly and vice.

It is a melancholy fact, that disobedience to the moral law is not confined to one age, and the sad consequences are recorded in the history of all nations. As there is not a worm, not an insect, or zoophyte, be it ever so weak and helpless in appearance, that does not contribute towards the perfection of the whole of the physical creation, the idea is preposterous, that man, endowed with greater mental powers than any created being we know, should remain a wretched exception forever, and a reproach to the moral system of infinite wisdom and goodness. We may be per-

suaded, that man progressively will become obedient to the moral law, and wiser and better by his obedience, and reach, step by step, the high destination, for the attainment of which he was called into existence.

*Northampton, Feb. 15th, 1841.*

Respectfully yours,  
C. L. SEEGER, M.D.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 3, 1841.

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LONDON DISSECTOR.\*

DR. CHAISTY, Demonstrator of Anatomy in the University of Maryland, in 1839 re-modelled this old friend and guide of juvenile anatomists, so that, by a few alterations and additions, it will be found more serviceable than ever. He makes no pretensions to authorship, and very honestly confesses that he has drawn from various authentic sources to enrich the text under his supervision. Such frankness disposes us to think well of the intention, had he failed in attaining the object. Occasionally some one complains of the too great increase of these elementary guides; but there is no cause for alarm. There can be no excuse for superficial anatomists, as none are necessarily deprived of the transcendent facilities of the age for study in this all-important department, on which the superstructure of medicine and surgery must forever rest. We regard the appearance of every and any new manual on demonstrative or descriptive anatomy, as of sterling value to the stock of essential knowledge. In the present work, a re-organization and convenient adjustment of old materials constitute the chief merits of Dr. Chaisty's bibliographic labors.

A few weeks ago, we had occasion to notice Dr. Watts's revision of the Dublin Dissector, which is voluminous compared with the Americanized London Dissector, and excellent in all respects. Still, it is desirable to have the latter work also. It gives the student the same advantages to have several of these manuals on the table while pursuing minute investigations, that the mechanic realizes in possessing a variety of tools. With one single file he might possibly produce great results, but with a hundred, of various sizes, he would effect vastly more in a shorter period. We are therefore disposed to speak favorably of this and all similar undertakings for facilitating the study of a difficult branch of science.

*Medical Instruction in New York.*—By reference to an advertisement, it will be seen that students in New York have great advantages for a little money. There is probably no other place on the Continent where medical tuition is so completely within the means of the very poorest student. Those who are influenced by economical considerations, will doubtless avail themselves of the offer thus made. All the gentlemen who are associated in the enterprise, have professional rank and moral worth to recommend them in any undertaking.

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\* The London Dissector, or Guide to Anatomy, for the use of Students, &c. &c. Revised and corrected by Edward J. Chaisty, M.D., Demonstrator of Anatomy in the University of Maryland. Baltimore: John Murphy. 1839. Pp. 273.

*Health of Sir Astley Cooper.*—Accounts, by the *Britannia*, bring the unpleasant intelligence that this distinguished surgeon is in extremely feeble health: fears are entertained that he cannot live but a little while. We do not know the character of the complaint which threatens to deprive the world of the first surgeon of the age, and are unable to give any particulars of the time Sir Astley has been confined, or predict the termination. With the exception of the late Dupuytren, of Paris, Sir Astley Cooper is probably more extensively known over the globe, professionally, than any operator or medical man who has lived since the dark ages. Many fortunate circumstances combined to give him celebrity. That he has genius, judgment, and, above all, that most important of all elevating forces, personal industry, no one conversant with his writings will pretend to question.

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*Physicians of Boston.*—Some weeks since, animadversions were made on Mr. Dickinson's catalogue of Boston physicians, published in his popular Almanac. A second edition has appeared, in which a correction has been made in the obnoxious registration of the Boston faculty. The irregulars and regulars are so designated that the people can touch and take—for there are all sorts of medicine-mongers grouped together alphabetically. The steamers have great hope of placing the educated gentlemen of the profession in a minority—and at the present rate of popular progressive ignorance, which is hailed by some as a blessed epoch of just rights and equitable laws in physic, they will certainly count a majority before the opening of another century.

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*Case of Posthumous Variola.* By Dr. CHANSAREL.—A girl, aged five years and eight months, who had been vaccinated, was suddenly attacked, when in perfect health, with a varioloid eruption and fever. About twelve hours afterwards the redness of the skin and pimples totally disappeared, cerebral phenomena supervened, and death twenty-six hours after the first appearance of illness. On the next day, thirteen hours after death, "I saw," says M. Chansarel, "to my great astonishment, a great number of pimples which had appeared after death, and which were much more developed than those I had seen during the life of the child. They were seated on the face, neck, chest and buttocks; those in the latter region being larger, equaling the size of a lentil. They had the aspect of variolous pustules, surrounded by a red areola, depressed in their centre, and contained a small quantity of fluid. The body exhaled a fetid odor, and exhibited some red and livid spots, putrefaction not having been so slow as it appeared."—*L'Expérience. British and Foreign Med. Review.*

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*Mode of Resolving Engorgements of the Spleen.* By M. VOUSSIN, of Limoges.—The author has employed the following treatment with success in eight or ten cases of these engorgements after intermittent fevers. In three or four of these cases the diseased organ occupied about two thirds of the left half of the abdomen. The treatment is simply to apply a mercurial plaster (*vigo cum mercurio*) with which is incorporated six or eight scruples of the sulphate of quinine, more or less. It is to be renewed when the matter of which it is composed is exhausted, that is, from forty to fifty days. The advantages of this mode of treatment are:

1. It saves the patient from the disgust which he undergoes when the quinine is administered by the mouth. 2. The absorption and consequent action of the remedy are continued. 3. This absorption and this action are accomplished in the immediate neighborhood of the diseased organ. 4. Owing to the continuance, the fever does not re-appear.

This treatment has alone sufficed for the cure. The period of cure will vary as the spleen is more or less engorged, the patient more or less aged, and the skin more or less readily absorbing. Ordinarily, two or three months suffice.—*Gaz. Med. de Paris. Brit. and For. Med. Review.*

*On the Use of Boiling Water in the Treatment of Callous Fistula.* By DR. RUPPIUS, Freiburg.—The author was induced to adopt this method of treatment from what he had seen its effect in the hands of Rust of Vienna, and from the observation that the granulations which grow from scalded parts of the skin are peculiarly florid, and prone to unite firmly; a consideration which, we may add, long ago induced French surgeons to adopt the actual cautery for the same means, and is the foundation of the very skilful operations of M. Lallemand for vaginal fistulae. Two cases are related, one of recto-vaginal fistula from abscess after a severe labor; the other, of an incomplete fistula in ano, extending four inches up the side of the rectum. The treatment consists in introducing the pipe of a syringe filled with boiling-hot water down to the further end of the fistula (which, if necessary, must be closed there with a finger of the other hand), and slowly injecting a part of the contents. At the first operation only so much of the water should be forced in as is sufficient to stimulate the end of the fistula, so that it may commence healing at its deepest part, and, after the repeated injections, may make gradual progress in healing towards the surface. In both the cases that are related this procedure was strikingly successful.—*Fricke and Oppenheim's Zeitschrift. Ibid.*

*Phrenology—Intemperance.*—Mr. George Combe, in his opening address at a meeting of the Phrenological Association of Scotland, has the following remarks on the non-applicability of phrenology to the detection of habits of intemperance:

"One vice, however, common in this country has baffled our skill; I allude to the tendency to intoxication. We have no external indication of the existence of this habit, for it depends not on any primitive faculty or organ, but on evil training and constitutional peculiarities. Where it exists, it oversets the whole order of nature in the subordination of the propensities to the moral sentiments. I have been under the painful necessity of dismissing, in fifteen years, on account of habits of intoxication, two male and one female servants, whose moral organs were fully developed. The men had no vice except that of inebriety; but the female (in whom alimentiveness, destructiveness and secretiveness were large, surmounted, however, by a good intellect, large benevolence, veneration, and love of approbation, with pretty fair, although not large, conscientiousness), when intoxicated, stole and lied almost involuntarily. I say almost involuntarily; for her thefts were often of things of which she had but little need, such as quartern loaves, a few pounds of ground rice, and articles of a similar nature, all allied to the gratification of alimentiveness, although she was amply supplied with nutritive and agreeable food. In the same condition, she denied self-evident facts, and perverted truth even

when it was favorable to herself. My supposition was, that the intoxicating liquor paralyzed the action of the moral and intellectual faculties, which have organs of smaller dimensions than those of the propensities, and that the latter, when left without guidance and illumination, acted as it were mechanically. Moreover, this case shows that, in my estimation, the propensities are not naturally and essentially evil. In this woman the organs of several of them were large; but as she had also large organs of the intellectual faculties, and of most of the moral sentiments, I did not hesitate to engage her. If she had been sober in her habits, and properly trained, I have no doubt that she would have been capable of directing the large organs of the propensities to good."

**Medical Miscellany.**—The re-improved rocking trusses, invented by Dr. Corbett, and manufactured at Shaker Village, N. H., are highly recommended by some of the leading practitioners in that State. Some of them have been left on sale at this office, where physicians are requested to call and examine them.—So numerous are the applications for admission at the Vermont Asylum for the Insane, that the trustees have in contemplation the erection of another wing.—Quite a stir has been made about the disappearance of the body of an Indian in Orange county, N. Y., supposed to have been selected for anatomical purposes.

**To Correspondents.**—The papers on "sudden death," "nevus maternus," and the "syrup of sarsaparilla," will be early attended to.—Our correspondent at Nantucket, who has made out an index to some of the most important articles in preceding volumes of this Journal, deserves our thanks; and we think the index, if printed, would be convenient to many of our old subscribers. We doubt the expediency, however, of printing it on a separate sheet as a general index to the work, both on account of its not comprising the two first volumes, and not being sufficiently ample. The remarks accompanying it are valuable, and we shall endeavor to find room for the whole, in a condensed form, in the pages of some future No., if this should not be objected to by the compiler.

**DIED.**—At Wakefield, N. H., Dr. Sumner Gilman, aged 41.—At New York, Dr. William Williamson, 45.—At Baltimore, Dr. William N. Baker, late Professor of Anatomy and Surgery in the University of Maryland.

Number of deaths in Boston for the week ending Feb. 27, 32.—Males, 15; Females, 17. Stillborn, 3. Of consumption, 6—infantile, 3—cancer, 1—stis, 1—abscess, 1—scarlet fever, 1—hooping cough, 2—delirium tremens, 1—smallpox, 3—old age, 2—dropoy in the head, 1—catarrh, 1—worms, 1—rheumatic fever, 1—intemperance, 1—dropoy on the brain, 1—scrofula, 1—inflammation of the lungs, 1—croup, 1—tumor, 1.

#### TRUSSES.

This subscriber continues to manufacture Trusses of every description, at his residence, at the old stand, opposite 264, No. 305, Washington street, Boston (entrance in Temple Avenue—up stairs). All individuals can see him alone, at any time, at the above place.

J. F. F. manufactures as many as twenty different kinds of trusses, among which are all the different kinds similar to those that the late Mr. John Heath, of this city, formerly made, and all others advertised in Boston.

Any kind of trusses repaired at short notice, and made as good as when new.

—Ladies wishing for any of these instruments, will be waited upon by Mrs. Foster, at the above place. Mrs. F. has been engaged in the above business for ten years.

JAMES F. FOSTER.

I hereby certify that I have, for several years past, been in the use of Mr. Foster's Truss for Inguinal Hernia, and find it to answer every desirable purpose, and consider it far preferable to any other which I have employed.

JAMES THATCHER, M.D.

Plymouth, Nov. 1, 1839.

I hereby certify, that I have known Mr. James F. Foster several years past, and have frequently employed him in the construction of trusses and other apparatus for my patients, and have always found him ready, capable and faithful, and equal to the occasion for which I have employed him.

JOHN BARNARD, M.D.

Boston, March 10, 1839.

## TO MEDICAL STUDENTS.

SPRING COURSE OF LECTURES AT THE COLLEGE OF PHYSICIANS AND SURGEONS,  
NEW YORK.

An Association has been formed, for the purpose of offering to the students of medicine in New York, a course of instruction, which, it is hoped, may profitably occupy a portion of their time during the ensuing spring and summer.

Lectures will be delivered at the College of Physicians and Surgeons, in Crosby street, on the following subjects:—

On the Pathology of the Chest, Auscultation and Percussion, by J. A. SWETT, M.D., Lecturer on Diseases of the Chest.—This course will be fully illustrated by Clinical instruction.

On Club-feet and analogous Deformities, by DETHMOLD, M.D.

On the diseases of the Kidneys, by Wm. C. ROBERTS, M.D.

On the diseases of the Eye, by G. WILKES, M.D., Surgeon of the New York Eye Infirmary.—Clinical instruction at the Infirmary.

On the Pathology of the Uterus and its Annexes, by C. R. GILMAN, M.D., Lecturer on Obstetrics and the diseases of Women and Children in the College of Physicians and Surgeons.

On Operative Surgery, by W. PARKER, M.D., Professor of Surgery, College of Physicians and Surgeons.

On the Anatomy of the Nervous System, by JAMES QUACKENBUSH, M.D., Demonstrator of Anatomy.

On Surgical Anatomy, by E. WATTS, JR., M.D., Professor of Anatomy, College of Physicians and Surgeons.

The Lectures will commence on the first Monday in April, and continue about three months. Two lectures will be delivered daily—hours, from 1 to 3 o'clock.

As this course is undertaken with the single aim of doing something for the cause of sound and thorough medical education, and particularly to develop the great advantages which New York, by her superior size, and by the consequent abundance and variety of diseases which are met with in her Hospitals, Almshouse and Dispensaries, offers to the student of practical medicine and surgery, the Association have determined to put the fee for the Course at a price nearly nominal—hoping thereby to place the instruction offered, within the reach of all who are anxious for professional improvement.

Fee for all the Lectures, \$10.

New York, Feb. 10th, 1841.

M 3—

## VERMONT MEDICAL COLLEGE, AT WOODSTOCK.

The next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by

Anatomy and Physiology, by

Medical Jurisprudence, by

Principles and Practice of Surgery, by

Chemistry and Natural History, by

Materia Medica and Pharmacy, by

HENRY H. CHILDS, M.D.

ROBERT WATTS, JR., M.D.

HON. JACOB COLLISTER, A.M.

LYMAN BARTLETT, M.D.

ALONSO CLARKE, M.D.

R. R. PALMER, M.D.

Fee for the course, \$50. For those who have already attended ~~two~~ full courses of lectures at a regular institution, \$10. Graduation fee, \$18.

Woodstock, Vt., Jan. 1st, 1841.

Jan. 6.—St

Secretary.

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

## PROLAPSUS UTERI.

The attention of the medical profession is respectfully invited to Dr. Chapin's Utero-abdominal Suspensor and Elastic Belt, which has been recently much improved, and its efficacy thereby greatly increased. It has been faithfully tested by most of the medical faculty of Boston and New York, who have pronounced their unqualified approbation of its utility. Physicians in want, will obtain the measure round the pelvis. They can be supplied with the cheapest and best instrument of the kind in use, from the low price of \$2, to \$7, according to finish. Fermeau straps (extra) at 75 cts. to \$1.50.

Reference may be had to the following physicians in Boston, among others who recommend this instrument:—Drs. John C. Warren, J. Ware, W. Channing, G. B. Doane, W. Lewis, J. Flint, J. Mason Warren, E. Palmer, Jr., C. G. Putnam, E. W. Leach.

Office No. 16 Howard, near Court st., Boston.

Nov. 25.—2w&1am6m.

A. F. BARTLETT,

Agent for JOHN E. CHAPIN, M.D.

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